PARKS & RECREATION

TEAM REGISTRATION FORM

LEXINGTON, KY New Team Returning Team							For Office Us	e Only	7
PLEASE PRINT				CODE # _	Fall		Date Received	d	
							Amount Paid	\$	
Team Name: Manager's E-mail address:							Check #		
Do any team members require a special accommodation disability in order to fully participate in is this program?							Receipt #		
· ·	v <u>1</u>	-		• 0					
If Yes, what type	e of assistanc	e is neede	d?						-
Manager' Name					_ Home P	Home Phone			
Street Address				Work Phone				Ext	_
City			Zip_	Zip Emergency			e		_
•			_			Cell Pho	ne		
Additional Con	tact:								_
Phone			□Hom	e □Wor	·k □Cell				
Team Rosters r						Office at	545 North Upp	or Stroot	
prior to the firs								<u>er street</u>	
<u>,</u>						(0.00)			
							ble to NSA) also d		
1 -		-	nctione	d with NSA in	n 2016, please	indicate 20	16 sanction #		<i>-</i> ∙
Players must	be 16 years o	of age.							
EAGUE PREFER	RENCE (Ind	icate your	first cho	ice with a nur	mber 1. Indicat	e your seco	nd choice with a nu	umber 2.)	
IEN'S INDEPENDENT				WOMEN'S INDEPENDENT			MEN'S CHURCH COMPETITIVE		
Monday	Castlewood	221555		Monday	Athens A			Athens B	221553
Monday	Woodland			Thursday	Athens C	221551			
Tuesday	Athens A	221557		·					
Tuesday	Castlewood			COED		COMPETITIVE MEN'S CHURCH RECREA			_
Wednesday	Castlewood			Wednesday			Monday		221554
	Woodland			Wednesday			Tuesday		
Thursday	Athens A	221564		Friday	Athens A	221574	I hursday	Woodland	221567
Thursday	Athens B	221565		Sunday aft.	Woodland	221575			
Thursday	Castlewood			Sunday eve		221576	WOMEN'S CHU		
Friday	Athens C	221568		Sunday eve	e. Athens C	221577	Friday	Athens B	221552
Sunday aft.	Castlewood 221570			Sunday eve.	Woodland	221578	COED CHURC	Н	
							Tuesday	Athens B	221571
MEN'S MAJOR				MEN'S 35					
Tuesday	Woodland	221560		Friday	Woodland	221569			
Wednesday	Athens B	221561							
			. – – – -						

MANAGER'S SIGNATURE REQUIRED ON REVERSE SIDE OF FORM.